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CONFIRMATION NO. 2639

SERIAL NUMBER 10/647,408	FILING OR 371(c) DATE 08/25/2003 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. ARV-003
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APPLICANTS

Ravi Kumar, Briarcliff Manor, NY;

** CONTINUING DATA *related to 10/647,408, 7,147,596* (**) Data provided by applicant is not consistent with PTO records.

This application is a CIP of 10/086,153 filed 02/26/2002 PAT 7,147,596 (*) Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 04/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>gmk</i> Examiner's Signature <i>gmk</i> Initials				

ADDRESS

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TITLE

Removable blood vessel occlusion device

FILING FEE RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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